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ABSTRACT

The Program for Exceptional Children of the University of South Carolina developed a project to address the need for an improved service delivery model for handicapped students in rural South Carolina. The project trained regular elementary teachers at the master's degree level to function as consultants to other regular classroom teachers with the goal of maintaining mild-to-moderate handicapped students in the regular classroom and identifying "at-risk" students. The county demonstration model was selected as the consultation approach. This teacher-consultant model emphasizes the delivery of services to handicapped children through building-level "school demonstration agents." The agents provide systematic and long-range consultation and inservice programs to fellow teachers, rather than relying on outside district specialists. Teacher consultants are given special training in curriculum development and evaluation, formal and informal assessment, behavioral management, and consultation skills, leading to a master's degree in special education. Of 25 initial participants, 14 received degrees and began functioning as consultant teachers. (JDD)

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TRAINING REGULAR EDUCATION PERSONNEL TO BE SPECIAL EDUCATION CONSULTANTS TO OTHER REGULAR EDUCATION PERSONNEL IN RURAL SETTINGS

INTRODUCTION

PL 94-142, The Education of All Handicapped Children Act of 1976, required ALL school districts within the United States to provide services for handicapped children of school age. While this was not an easy task for large urban school districts, it was extremely difficult for small, and/or isolated rural school districts. In rural districts, there were few teachers trained to work with children with handicapping conditions. Helge (1984) stressed this point noting there was a 193 percent in increase of services for rural learning disabled students after PL 94-142 was introduced. For other handicapping conditions the same large percentages were also recorded.

Further, Helge observed that two of the major problems in providing services to the handicapped was that of recruitment of qualified teachers and the retraining of qualified staff. Both of these problems, along with the rapid increase of identified handicapped children in rural areas, has probably led to the high attrition rate in special education that is found in rural areas. Attrition reports as high as 60 percent can be found in the literature (Helge, 1984).

The problem is exacerbated by the difficulty in recruiting teachers recently graduated from urban colleges and universities to rural areas. Young teachers, unless they are born and raised in the rural areas, tend to remain in the classroom for only one or two years, and then move to urban areas. This constant

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turnover becomes expensive for the school district, disrupts the overall efficiency of delivery services, and is not in the best interest of the handicapped children. Few strategies can be found in the literature which suggests successful methods of recruitment and retaining of these teachers.

It is clear that a new and creative approach is needed to insure the provision of high quality special education in rural areas. This paper describes a model that was developed and implemented in rural South Carolina to address this need.

BACKGROUND INFORMATION

In 1983, the Program for Exceptional Children, College of Education, University of South Carolina, endeavored to address the need for an improved service delivery model for handicapped students in rural South Carolina. It did not seem practical to endeavor to attract special education teachers to the rural areas, given the the failure of previous efforts. Furthermore, it was clearly unfeasible to try to prepare regular education teachers in rural areas to become special education teachers since the cost of retraining the numbers required would be prohibitive. A more effective, or economical, approach was needed, one that would have impact on large numbers of students at relatively low cost. The purpose of the project funded by this grant was to train teachers to utilize a different form of service delivery to meet the needs of rural handicapped student

After consideration of different approaches to service delivery, the researchers selected teacher consultation based on the fact that more special education students could be served at lower cost through this model. The researchers applied for and received a grant to train regular elementary teachers at the master's degree level to function as consultants to other regular classroom teachers with emphasis on the maintenance of the mild-to-moderate handicapped students in the regular classroom and in the identification of "at risk" students in order to prevent, or at least reduce, inappropriate referral and labeling. The training of teachers already living in the rural areas meant that outside personnel did not have to be recruited and lessened the likelihood that they would leave the area.

In order to develop a teacher consultation service delivery system appropriate for rural areas, the researchers first examined the feasibility of using current models of consultation.

While consultation is certainly not a new concept, as it has been used in business and industry for many years, it is relatively new to the field of special education. According to Kurpius (1978) the passage of the Community Mental Health Act of 1963 appreciably increased the use of consultation in both clinics and educational settings, It has, since that time, had a number of different definitions applied to it, usually by persons who have developed a specific model for a specific setting. Six

models of consultation can be found throughout the literature and are found in one form or another in the field of education today. These include the following:

Expert Model - used when it is believed that an expert in a particular field has comprehensive knowledge about a specific problem area.

Medical Model - used most often by school psychologists in diagnostic-prescriptive procedures in which emphasis is placed upon diagnosing the problem and making remedial implications.

Mental Health Model - used in providing direct services to the consultee for increasing coping skills.

Collaboration Model - used when consultant and consultee are considered to be "equal partners" in identifying and remediating problem.

Advocacy Model - used when change needs to brought about within the system using direct action.

Behavioral Model - used when changing environmental factors and manipulating behavioral change in individuals.

Discussion regarding the above models can be found in the following sources (Babcock & Pryzwansky, 1983; Bergan, 1977; Brown, Wyne, Blackburn & Powell, 1979; Caplan, 1970; Conoley & Conoley, 1982; Gallessich, 1974; Kadushin, 1977; Pryzwansky, 1974; and Sarason, 1971).

The consultation approach selected for this project was based on the country demonstration program, which is an important part of any rural community. The demonstration agent provides a number of different services, including direct and indirect consultation, demonstration to large and small groups, and through a network of state, regional and national information services, they can provide materials, information, and when necessary, arrange for direct services from specialists in the field. They are responsible to persons such as farmers, housewives, homeowners, and youngsters in the community.

This model was adapted for use in providing consultation services to rural teachers to assist them in their work with handicapped children. The model program was implemented in a seven county rural area of South Carolina.

While the consultation models described above are viable in their own rights, none of them would be appropriate in its entirety for educational consultation in isolated rural areas. The expert model assumes that there is a person "in residence" who is an expert in the field; this would not often be the case in rural areas. The medical model, because it is used by psychologists, may not be in great favor by classroom teachers.

The mental health model, to many educators, connotes the teacher is having mental health problems in the classroom. The collaboration model, while probably most accepted, infers that there will always be a person readily available for collaborative efforts. The advocacy model is probably considered to be a very radical approach in rural areas. The behavioral model is too often related to behavior modification, which may not be readily accepted by many classroom teachers.

Because of the above reasons the county demonstration model was adapted. As previously mentioned, the model contains many aspects of all the above models, in that the county demonstration agent, to a certain degree: 1) function as in the expert model; 2) possibly uses the medical model in which he/she engages in diagnostic-remedial activities with farmers and home owners; and 3) obviously often is involved in collaborative types of activities as mentioned previously.

THE MODEL

This teacher-consultant model emphasizes the delivery of services to handicapped children through building level "school demonstration agents". The "school demonstration agent" provides systematic and long-range consultation and inservice to fellow teachers rather than relying on outside district specialists who rarely have an indepth knowledge of the school and its unique needs. They have the skills necessary to assist other regular educators in the maintenance of the mild-to-moderate handicapped in the regular classroom. The "school demonstration agent" can be on-call throughout the school day and will provide immediate consultation, demonstration, and if necessary, referral services.

Recruitment of the right personnel to serve as consultants is crucial. Persons who have proven their success as rural classroom teachers, established their credibility with fellow teachers and who have demonstrated their commitment to rural education by living in the area over a period of time should be the prime candidates. The model adopted did just this, in that persons with the above qualifications were recruited from the schools within a nine-district area. Therefore, the pool of teachers to be trained were already certified and practicing elementary teachers who had been living for at least two years in the rural areas in which they taught.

The teachers selected for this project were given special training to give them the knowledge and skills needed for this role. The teachers, to be successful "school demonstration agents" must have skills in the areas of curriculum development and evaluation, evaluation of the learning environment, formal and informal assessment and behavioral management. In addition, they must develop consultation skills which include roles as serving as a stimulator, organizer, change agent, researcher, administrator, trainer and technician.

Their training was provided through coursework. paid for by

the project, which led to a master's degree in special education. All the coursework emphasized the needs of handicapped children in rural areas. All coursework was taken to the teacher in the field, rather than having them come to the university. To require them, as full-time teachers and part-time students, to travel distances as far as 70-100 miles each week would discourage all but the most dedicated. The logical option was to take the coursework to a central geographic area, in which all the participants would have minimum distances to travel. University faculty members were carefully chosen based upon their interest in rural education and knowledge in the subject matter to be taught. They became the commuters, rather than the students.

The participants completed a 15 course (45 semester hours) masters degree in which they were systematically given the skills discussed above through coursework, simulations, and in-depth summer programs which were provided all three summers of the project. The coursework extended over a full three year period, including summer sessions. The students took either one or two courses a semester, and two courses each summer. The first summer they worked with learning disabled children from the local school systems, on a one-hour per day basis, and with the children's parents after the tutoring sessions. During the second summer the same system utilized focusing on mentally retarded children and their families. The third summer was a full-time practicum experience in which they worked with groups of mildly handicapped children from 9:00 - 12:30 each day. They provided group direct instruction, individual tutoring, and worked with parents.

The initial coursework focused on the acquisition of knowledge about the various handicapping conditions and in assessment of handicapped individuals. At the same time teachers gained skills in programming, conferencing and working with parents. The later coursework focused on these teachers gaining skills to work with other teachers through advanced coursework in methods and materials and in topical issues. They also were enrolled in one courses in consultation and one of their major projects was to develop and implement a consultation program based upon a model they adapted that was most appropriate for their individual schools and the geographical area.

Twenty-five participants were initially chosen to participate in the project. During the three-year period, there were a number of persons who left the program due to medical problems, personal reasons, transfers of husbands to other areas, or lack of ability to maintain the academic rigor of the program. In Summer, 1986, 14 received masters degrees in special education and presently are working in the field.

Unfortunately, there was not an extension of the federal grant for three years, therefore the implementation of the model is being carried on by the school districts without the assistance of the University. An informal survey shows that all

of the teachers trained are function to some degree as consultant teachers. Some are very active, in their roles, whereas others have less responsibility in this area, depending upon the school system and the particular school.

SUMMARY

A "school demonstration agent" model has been developed for the providing services to mild-to-moderately handicapped children in rural areas. It is based upon the work done by County Demonstration Agents who are located in every rural community in the United States. The agents provide a number of services, including consultation, demonstration, information, and arranging for services from others as part of their overall responsibilities. The model developed for classroom teachers does exactly the same, except in a classroom setting. The model does seem viable and has proven its value in rural school districts.

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